



# Town of Tewksbury

OFFICE OF BUILDING COMMISSIONER  
1009 MAIN STREET  
TEWKSBURY, MASSACHUSETTS 01876  
(978) 640-4430  
fax (978) 640-4434

## APPLICATION FOR HOME OCCUPATION

Address: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Description of Business: \_\_\_\_\_

1. Name and address of all person(s) involved in the proposed business \*List Any Employees:

2. List all major equipment utilized in this business:

3. Where on the premises will the business be conducted?

4. Will there be any exterior changes to this property, including signs, directly associated with the business?

5. Will there be any noise, emissions etc. (including the parking of commercial vehicles) noticeable to persons adjacent to this property?

6. Will customers visit the property? ☐ Yes ☐ No  
If yes, how many people are expected at any one time?

7. Is this business registered with the Town Clerk? ☐ Yes ☐ No  
Please provide a copy of the Business Certificate

I certify that I have personally answered all questions on this application and that they are accurate and true to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

BLDG. use only, do not write in this box.

Zoning district:

Inspector:

Comments: